

		FOR BHF USE					

LL1

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2016)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: <u>0004861</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER																							
Facility Name: <u>Elston Nrsing & Rehab Centre</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2016</u> to <u>12/31/2016</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.																							
Address: <u>4340 N Keystone Ave</u> <u>Chicago</u> <u>60641</u>																									
Number City Zip Code																									
County: <u>Cook</u>																									
Telephone Number: <u>(773) 545-8700</u> Fax # <u>(773) 545-9444</u>																									
HFS ID Number: _____		<table><tr><td rowspan="4">Officer or Administrator of Provider</td><td>(Signed) _____</td></tr><tr><td>(Type or Print Name) <u>Sidney Glenner</u></td></tr><tr><td>(Title) <u>President</u></td></tr><tr><td>(Signed) _____</td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) _____</td></tr><tr><td>(Firm Name & Address) <u>RSM US LLP</u> <u>One S. Wacker Drive, Suite 800, Chicago IL 60606-4650</u></td></tr><tr><td>(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u></td></tr></table>		Officer or Administrator of Provider	(Signed) _____	(Type or Print Name) <u>Sidney Glenner</u>	(Title) <u>President</u>	(Signed) _____	Paid Preparer	(Date) _____	(Print Name and Title) _____	(Firm Name & Address) <u>RSM US LLP</u> <u>One S. Wacker Drive, Suite 800, Chicago IL 60606-4650</u>	(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>												
Officer or Administrator of Provider	(Signed) _____																								
	(Type or Print Name) <u>Sidney Glenner</u>																								
	(Title) <u>President</u>																								
	(Signed) _____																								
Paid Preparer	(Date) _____																								
	(Print Name and Title) _____																								
	(Firm Name & Address) <u>RSM US LLP</u> <u>One S. Wacker Drive, Suite 800, Chicago IL 60606-4650</u>																								
	(Telephone) <u>(312) 384-6000</u> Fax # <u>(312) 634-5518</u>																								
Date of Initial License for Current Owners: <u>01/01/1971</u>																									
Type of Ownership:																									
<table><tr><td>☐ VOLUNTARY,NON-PROFIT</td><td>☒ PROPRIETARY</td><td>☐ GOVERNMENTAL</td></tr><tr><td>☐ Charitable Corp.</td><td>☐ Individual</td><td>☐ State</td></tr><tr><td>☐ Trust</td><td>☐ Partnership</td><td>☐ County</td></tr><tr><td>IRS Exemption Code _____</td><td>☐ Corporation</td><td>☐ Other _____</td></tr><tr><td></td><td>☒ "Sub-S" Corp.</td><td></td></tr><tr><td></td><td>☐ Limited Liability Co.</td><td></td></tr><tr><td></td><td>☐ Trust</td><td></td></tr><tr><td></td><td>☐ Other _____</td><td></td></tr></table>		☐ VOLUNTARY,NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL	☐ Charitable Corp.	☐ Individual	☐ State	☐ Trust	☐ Partnership	☐ County	IRS Exemption Code _____	☐ Corporation	☐ Other _____		☒ "Sub-S" Corp.			☐ Limited Liability Co.			☐ Trust			☐ Other _____	
☐ VOLUNTARY,NON-PROFIT	☒ PROPRIETARY	☐ GOVERNMENTAL																							
☐ Charitable Corp.	☐ Individual	☐ State																							
☐ Trust	☐ Partnership	☐ County																							
IRS Exemption Code _____	☐ Corporation	☐ Other _____																							
	☒ "Sub-S" Corp.																								
	☐ Limited Liability Co.																								
	☐ Trust																								
	☐ Other _____																								
In the event there are further questions about this report, please contact:		MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630																							
Name: <u>Charles J. Fischer</u> Telephone Number: <u>(312) 634-4580</u>																									
Email Address: _____																									

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 3/27/13

1	2	3	4	
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	117	Skilled (SNF)	117	42,822
2		Skilled Pediatric (SNF/PED)		
3	0	Intermediate (ICF)	0	0
4		Intermediate/DD		
5		Sheltered Care (SC)		
6		ICF/DD 16 or Less		
7	117	TOTALS	117	42,822

B. Census-For the entire report period.

1	2	3	4	5	
Level of Care	Patient Days by Level of Care and Primary Source of Payment				
	Medicaid Recipient	Private Pay	Other	Total	
8	SNF	4,825	75	1,738	6,638
9	SNF/PED				
10	ICF	27,344	424	0	27,768
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	32,169	499	1,738	34,406

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 80.35%

D. How many bed-hold days during this year were paid by the Department? 0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒

I. On what date did you start providing long term care at this location?
Date started 01/01/71

J. Was the facility purchased or leased after January 1, 1978?
YES ☐ Date NO ☒

K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number of beds certified 32 and days of care provided 1,133

Medicare Intermediary Wisconsin Physicians Service Insurance Corporation

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/16 Fiscal Year: 12/31/16
* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Elston Nrsing & Rehab Centre # 0004861 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	259,393	31,693	14,440	305,526		305,526		305,526			1
2	Food Purchase		270,679		270,679	(13,374)	257,305	(15,928)	241,377			2
3	Housekeeping	125,316	26,901		152,217		152,217		152,217			3
4	Laundry	62,771	7,015	4,631	74,417		74,417		74,417			4
5	Heat and Other Utilities			112,229	112,229		112,229	2,300	114,529			5
6	Maintenance	87,601	39,333	92,428	219,362		219,362	4,886	224,248			6
7	Other (specify):* Allocated Employee Benefits							260	260			7
8	TOTAL General Services	535,081	375,621	223,728	1,134,430	(13,374)	1,121,056	(8,482)	1,112,574			8
	B. Health Care and Programs											
9	Medical Director			23,512	23,512		23,512		23,512			9
10	Nursing and Medical Records	1,932,118	149,336	50,257	2,131,711		2,131,711	(5,913)	2,125,798			10
10a	Therapy		3,421	501,291	504,712		504,712	(86,514)	418,198			10a
11	Activities	62,434	4,630	2,448	69,512		69,512		69,512			11
12	Social Services	103,865		4,259	108,124		108,124		108,124			12
13	CNA Training											13
14	Program Transportation			5,591	5,591		5,591		5,591			14
15	Other (specify):* Allocated Employee Benefits							42,983	42,983			15
16	TOTAL Health Care and Programs	2,098,417	157,387	587,358	2,843,162		2,843,162	(49,444)	2,793,718			16
	C. General Administration											
17	Administrative	54,923		578,028	632,951		632,951	(564,385)	68,566			17
18	Directors Fees											18
19	Professional Services			300,297	300,297	(26,857)	273,440	(168,896)	104,544			19
20	Dues, Fees, Subscriptions & Promotions			94,491	94,491	820	95,311	(2,129)	93,182			20
21	Clerical & General Office Expenses	205,555	68,319	45,846	319,720	(820)	318,900	253,846	572,746			21
22	Employee Benefits & Payroll Taxes			501,953	501,953	13,374	515,327	(9,859)	505,468			22
23	Inservice Training & Education			1,705	1,705		1,705	1,586	3,291			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			24,580	24,580		24,580	2,213	26,793			25
26	Insurance-Prop.Liab.Malpractice			518,098	518,098		518,098	3,550	521,648			26
27	Other (specify):* Allocated Employee Benefits							56,307	56,307			27
28	TOTAL General Administration	260,478	68,319	2,064,998	2,393,795	(13,483)	2,380,312	(427,767)	1,952,545			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,893,976	601,327	2,876,084	6,371,387	(26,857)	6,344,530	(485,693)	5,858,837			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			88,128	88,128		88,128	22,571	110,699			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			24,901	24,901		24,901		24,901			32
33	Real Estate Taxes					26,857	26,857	117,183	144,040			33
34	Rent-Facility & Grounds			272,891	272,891		272,891	(272,891)				34
35	Rent-Equipment & Vehicles			19,099	19,099		19,099	6,796	25,895			35
36	Other (specify):*											36
37	TOTAL Ownership			405,019	405,019	26,857	431,876	(126,341)	305,535			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		105,365	17,472	122,837		122,837	(14,205)	108,632			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			265,952	265,952		265,952		265,952			42
43	Other (specify):* Non-Allowable			419,776	419,776		419,776	(419,776)				43
44	TOTAL Special Cost Centers		105,365	703,200	808,565		808,565	(433,981)	374,584			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,893,976	706,692	3,984,303	7,584,971		7,584,971	(1,046,015)	6,538,956			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(7,301)	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(511)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(5,500)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(412,386)	43		24
25	Fund Raising, Advertising and Promotional	(603)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Attached Schedule F:	(439,017)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (865,318)		\$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the
general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(180,697)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (180,697)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (1,046,015)		37

*These costs are only allowable if they are necessary to meet minimum
licensing standards. Attach a schedule detailing the items included
on these lines.

C. Are the following expenses included in Sections A to D of pages 3
and 4? If so, they should be reclassified into Section E. Please
reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44			X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjust Mgt Co. medical supplies "A" to cost	\$ 0	10	1
2	Adjust Mgt Co. medical supplies "other" to cost	(5,913)	10	2
3	Adjust Mgt Co. food to cost	(15,928)	2	3
4	Non-allowable professional fees	(226,456)	19	4
5	Non-allowable office expense	(1,934)	43	5
6	Non-allowable patients clothing	(776)	43	6
7	Non-allowable auto expense - marketing	(3,541)	25	7
8	Non-allowable Illinois Council on Long Term Care Fees	(3,799)	20	8
9	Non-allowable owner interest expense	(99,762)	32	9
10	Adjust pharmacy expense to cost	(14,205)	39	10
11	Non-allowable marketing employee benefits	(9,859)	22	11
12	Non-allowable marketing salaries	(56,844)	21	12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(439,017)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Elston Nrsing & Rehab Centre# 0004861

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(15,928)	0	0	0	0	0	0	0	0	0	0	(15,928)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	2,300	0	0	0	0	0	0	0	0	2,300	5
6	Maintenance	0	0	4,885	0	1	0	0	0	0	0	0	4,886	6
7	Other (specify):*	0	0	260	0	0	0	0	0	0	0	0	260	7
8	TOTAL General Services	(15,928)	0	7,445	0	1	0	0	0	0	0	0	(8,482)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(5,913)	0	0	0	0	0	0	0	0	0	0	(5,913)	10
10a	Therapy	0	0	0	0	(86,514)	0	0	0	0	0	0	(86,514)	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	42,983	0	0	0	0	0	0	42,983	15
16	TOTAL Health Care and Programs	(5,913)	0	0	0	(43,531)	0	0	0	0	0	0	(49,444)	16
	C. General Administration													
17	Administrative	0	0	(564,385)	0	0	0	0	0	0	0	0	(564,385)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(226,456)	0	11,426	26,857	19,277	0	0	0	0	0	0	(168,896)	19
20	Fees, Subscriptions & Promotions	(3,799)	0	1,120	0	550	0	0	0	0	0	0	(2,129)	20
21	Clerical & General Office Expenses	(64,145)	0	316,186	0	1,805	0	0	0	0	0	0	253,846	21
22	Employee Benefits & Payroll Taxes	(9,859)	0	0	0	0	0	0	0	0	0	0	(9,859)	22
23	Inservice Training & Education	0	0	764	0	822	0	0	0	0	0	0	1,586	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(3,541)	0	5,032	0	722	0	0	0	0	0	0	2,213	25
26	Insurance-Prop.Liab.Malpractice	0	0	2,915	0	635	0	0	0	0	0	0	3,550	26
27	Other (specify):*	0	0	56,212	0	95	0	0	0	0	0	0	56,307	27
28	TOTAL General Administration	(307,800)	0	(170,730)	26,857	23,906	0	0	0	0	0	0	(427,767)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(329,641)	0	(163,285)	26,857	(19,624)	0	0	0	0	0	0	(485,693)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Elston Nrsing & Rehab Centre # 0004861 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	0	0	5,482	17,089	0	0	0	0	0	0	0	22,571	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(99,762)	0	0	99,762	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	4,147	113,036	0	0	0	0	0	0	0	117,183	33
34	Rent-Facility & Grounds	0	0	0	(272,891)	0	0	0	0	0	0	0	(272,891)	34
35	Rent-Equipment & Vehicles	0	0	6,796	0	0	0	0	0	0	0	0	6,796	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(99,762)	0	16,425	(43,004)	0	0	0	0	0	0	0	(126,341)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	(14,205)	0	0	0	0	0	0	0	0	0	0	(14,205)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(421,710)	0	0	1,934	0	0	0	0	0	0	0	(419,776)	43
44	TOTAL Special Cost Centers	(435,915)	0	0	1,934	0	0	0	0	0	0	0	(433,981)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(865,318)	0	(146,860)	(14,213)	(19,624)	0	0	0	0	0	0	(1,046,015)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Sidney Glenner	100.00%	See Page 6 - Supplemental		See Attached Schedule A		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger	4 Amount	5 Cost to Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
			Item		Name of Related Organization				
1	V			\$			\$		1
2	V		Total from Page 6A	578,028	Glen Health and Home Management, Inc.	A	431,168	(146,860)	2
3	V								3
4	V		Total from Page 6B	272,891	Elston Real Estate & Development, L.L.C.	B	258,678	(14,213)	4
5	V								5
6	V		Total from Page 6C	501,291	Therapy Masters, Inc.	C	481,667	(19,624)	6
7	V								7
8	V								8
9	V								9
10	V				OWNERSHIP REFERENCE:				10
11	V				A - Owned 100.00% by Sidney Glenner through attribution				11
12	V				B - Owned 100.00% constructively by Sidney Glenner				12
13	V				C - Owned 100.00% by Sidney Glenner				13
14	Total			\$ 1,352,210			\$ 1,171,513	\$ * (180,697)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2	Sidney Glenner	100.00%	GlenBridge Nursing & Rehabilitation	Niles	See Attached Schedule A			2
3			Centre, Ltd.					3
4								4
5	Sidney Glenner	100.00%	GlenCrest Nursing & Rehabilitation	Chicago				5
6			Centre, Ltd.					6
7								7
8	Sidney Glenner	100.00%	Glen Oaks Nursing & Rehabilitation	Northbrook				8
9			Centre, Ltd.					9
10								10
11	Sidney Glenner	100.00%	GlenShire Nursing & Rehabilitation	Richton Park				11
12			Centre, Ltd.					12
13								13
14	Sidney Glenner	80.00%	GlenLake Terrace Nursing & Rehabilitation	Waukegan				14
15	Joshua Ray	20.00%	Centre, Ltd.					15
16								16
17	Sidney Glenner	99.00%	Brentwood North Healthcare & Rehabilitation	Riverwoods				17
18	Joshua Ray	1.00%	Centre, Inc.					18
19								19
20	Sidney Glenner	50.00 %	Ballard Respiratory & Rehabilitation	Des Plaines				20
21	Joshua Ray	50.00 %	Center, LLC.					21
22								22
23	Sidney Glenner	50.00 %	Glen Saint Andrew Living Community, LLC.	Niles				23
24	Joshua Ray	50.00 %						24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	Management Fees	\$ 578,028	Glen Health and Home Management, Inc.	A	\$	(578,028)	15
16	V	5	Utilities		Glen Health and Home Management, Inc.	A	2,300	2,300	16
17	V	6	Repairs and Maintenance		Glen Health and Home Management, Inc.	A	3,445	3,445	17
18	V	19	Professional Fees		Glen Health and Home Management, Inc.	A	11,426	11,426	18
19	V	20	Licenses, Permits and Inspection		Glen Health and Home Management, Inc.	A	1,120	1,120	19
20	V	21	Clerical		Glen Health and Home Management, Inc.	A	18,164	18,164	20
21	V	22	Employee Benefits and Payroll		Glen Health and Home Management, Inc.	A	56,472	56,472	21
22	V	23	Training and Education		Glen Health and Home Management, Inc.	A	764	764	22
23	V	25	Auto Expenses		Glen Health and Home Management, Inc.	A	5,032	5,032	23
24	V	26	Insurance		Glen Health and Home Management, Inc.	A	2,915	2,915	24
25	V	30	Depreciation		Glen Health and Home Management, Inc.	A	5,482	5,482	25
26	V	33	Real Estate Taxes		Glen Health and Home Management, Inc.	A	4,147	4,147	26
27	V	35	Equipment and Vehicle Rental		Glen Health and Home Management, Inc.	A	6,796	6,796	27
28	V	6	Janitorial Salaries		Glen Health and Home Management, Inc.	A	1,440	1,440	28
29	V	17	Officer's Salaries		Glen Health and Home Management, Inc.	A	13,643	13,643	29
30	V	21	Administrative Salaries		Glen Health and Home Management, Inc.	A	298,022	298,022	30
31	V	22	Employee Benefits		Glen Health and Home Management, Inc.	A	(56,472)	(56,472)	31
32	V	7	Employee Benefits - Janitorial		Glen Health and Home Management, Inc.	A	260	260	32
33	V	27	Employee Benefits - Officer's		Glen Health and Home Management, Inc.	A	2,462	2,462	33
34	V	27	Employee Benefits - Admin		Glen Health and Home Management, Inc.	A	53,750	53,750	34
35	V								35
36	V								36
37	V				A - Ownership: Sidney Glenner - 100.00 % through attribution				37
38	V								38
39	Total			\$ 578,028			\$ 431,168	\$ * (146,860)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	43	Clerical	\$	Elston Real Estate & Development, L.L.C.	B	\$ 1,934	\$ 1,934	15
16	V	19	Professional Fees		Elston Real Estate & Development, L.L.C.	B	26,857	26,857	16
17	V	32	Interest Expense		Elston Real Estate & Development, L.L.C.	B	99,762	99,762	17
18	V	34	Rental Income	272,891	Elston Real Estate & Development, L.L.C.	B		(272,891)	18
19	V	33	Real Estate Taxes		Elston Real Estate & Development, L.L.C.	B	113,036	113,036	19
20	V	30	Depreciation		Elston Real Estate & Development, L.L.C.	B	17,089	17,089	20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V				B - Ownership: Sidney Glenner - 100.00 % (constructively)				31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 272,891			\$ 258,678	\$ * (14,213)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	10a	Therapy	\$ 501,291	Therapy Masters, Inc.	C	\$ 414,777	\$ (86,514)	15
16	V	19	Professional Fees		Therapy Masters, Inc.	C	19,277	19,277	16
17	V	20	Licenses, Permits and Inspection		Therapy Masters, Inc.	C	550	550	17
18	V	6	Repairs and Maintenance		Therapy Masters, Inc.	C	1	1	18
19	V	21	Clerical		Therapy Masters, Inc.	C	919	919	19
20	V	22	Employee Benefits and Payroll		Therapy Masters, Inc.	C	43,078	43,078	20
21	V	23	Training and Education		Therapy Masters, Inc.	C	822	822	21
22	V	25	Auto Expenses		Therapy Masters, Inc.	C	722	722	22
23	V	21	Clerical Salaries		Therapy Masters, Inc.	C	886	886	23
24	V	22	Employment Benefits and Payroll		Therapy Masters, Inc.	C	(43,078)	(43,078)	24
25	V	15	Employment Benefits - Therapy		Therapy Masters, Inc.	C	42,983	42,983	25
26	V	27	Employment Benefits - Clerical		Therapy Masters, Inc.	C	95	95	26
27	V	26	Insurance Liability		Therapy Masters, Inc.	C	635	635	27
28	V								28
29	V								29
30	V								30
31	V				C - Ownership: 100.00 % Sidney Glenner				31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 501,291			\$ 481,667	\$ * (19,624)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Elston Nrsing & Rehab Centre # 0004861 Report Period Beginning: 01/01/2016 Ending: 12/31/2016

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Sidney Glenner	Chairman of Board	Administrative	100.00 %	217,778	4	7.13%	Salary	\$ 13,643	Ln17, Col 7	1
2	Jonathan Glenner	Clerical	Clerical	0.00 %	50,653	3	7.13%	Salary	3,173	Ln21, Col 7	2
3	Daniel Glenner	President	Administrative	0.00 %	182,251	3	7.13%	Salary	11,417	Ln21, Col 7	3
4	Elliot Glenner	Dir of Purchasing	Administrative	0.00 %	86,074	3	7.13%	Salary	5,392	Ln21, Col 7	4
5											5
6											6
7											7
8											8
9											9
10			See Schedule B								10
11											11
12											12
13								TOTAL	\$ 33,625		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016

Ending: 2/31/2016

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Glen Health & Home Management, Inc.

Street Address

5454 West Fargo Avenue

City / State / Zip Code

Skokie, IL 60077

Phone Number

(847) 674-5454

Fax Number

(847) 674-8311

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Resident Days	583,629	9	\$ 39,007	\$	34,406	\$ 2,300	1
2	6	Repairs and Maintenance	Resident Days	583,629	9	58,439		34,406	3,445	2
3	19	Professional Fees	Resident Days	583,629	9	193,812		34,406	11,426	3
4	20	Licenses, Permits and Inspection	Resident Days	583,629	9	18,995		34,406	1,120	4
5	21	Clerical	Resident Days	583,629	9	308,114		34,406	18,164	5
6	22	Employee Benefits and Payroll	Resident Days	583,629	9	957,941		34,406	56,472	6
7	23	Training and Education	Resident Days	583,629	9	12,962		34,406	764	7
8	25	Auto Expenses	Resident Days	583,629	9	85,358		34,406	5,032	8
9	26	Insurance	Resident Days	583,629	9	49,447		34,406	2,915	9
10	30	Depreciation	Resident Days	583,629	9	92,988		34,406	5,482	10
11	33	Real Estate Taxes	Resident Days	583,629	9	70,340		34,406	4,147	11
12	35	Equipment and Vehicle Rental	Resident Days	583,629	9	115,277		34,406	6,796	12
13	6	Janitorial Salaries	Resident Days	583,629	9	24,431	24,431	34,406	1,440	13
14	17	Officer's Salaries	Resident Days	583,629	9	231,420	231,420	34,406	13,643	14
15	21	Administrative Salaries	Resident Days	583,629	9	5,055,342	5,055,342	34,406	298,022	15
16	22	Employee Benefits	Payroll						(56,472)	16
17	7	Employee Benefits - Janitorial	Payroll						260	17
18	27	Employee Benefits - Officer's	Payroll						2,462	18
19	27	Employee Benefits - Admin	Payroll						53,750	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 7,313,873	\$ 5,311,193		\$ 431,168	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	SLG Limited Partnership	X		Mortgage	\$11,040.31	12/26/08	\$ 1,430,433	\$ 1,231,909	1/1/2034	0.0800	\$ 99,762	1	
2								Non-allowable owner interest expense:				(99,762)	2
3												3	
4												4	
5												5	
	Working Capital												
6	MB Financial Bank		X	Working Capital		12/2015	713,000	713,000	11/15/17	0.2673	24,901	6	
7												7	
8												8	
9	TOTAL Facility Related				\$11,040.31		\$ 2,143,433	\$ 1,944,909			\$ 24,901	9	
	B. Non-Facility Related*												
10												10	
11												11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ 2,143,433	\$ 1,944,909			\$ 24,901	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2015 report.			\$	153,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	149,495	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(3,505)	3
4. Real Estate Tax accrual used for 2016 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	156,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	26,857	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ 41,327 For 13,14 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	(41,327)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	138,025	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2011	129,670	8	
		2012	141,231	9	
		2013	143,667	10	
		2014	146,563	11	
		2015	149,495	12	
See Attached Schedule G For Calculation Of 2016 Real Estate Tax Accrual.					

		FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2015	\$		13
14	PLUS APPEAL COST FROM LINE 5	\$		14
15	LESS REFUND FROM LINE 6	\$		15
16	AMOUNT TO USE FOR RATE CALCULATION	\$		16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Elston Nrsing & Rehab Centre COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0004861

CONTACT PERSON REGARDING THIS REPORT Charles J. Fischer

TELEPHONE (312) 634-4580 FAX #: (312) 634-5518

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2015.

(A)	(B)	(C)	(D) Tax Applicable to Nursing Home
Tax Index Number	Property Description	Total Tax	
1. 13-15-404-035-0000	4340 North Keystone, Chicago IL	\$ 149,494.80	\$ 149,494.80
2. Allocated from Management Co:	Allocated portion to nursing home	\$ 74,688.61	\$ 4,147.00
3. Storage Building	4352 North Keystone, Chicago IL	\$ 12,610.19	\$ 1,868.00
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$ 236,793.60	\$ 155,509.80

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

PLEASE NOTE: Payment information from the Internet or otherwise is not considered acceptable tax bill documentation . Facilities located in Cook County are required to providecopies of their original second installment tax bill.

A. Square Feet: 28,200

B. General Construction Type: Exterior BrickFrame Concrete & SteeleNumber of Stories Three

C. Does the Operating Entity?

☐ (a) Own the Facility☒ (b) Rent from a Related Organization.☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment☒ (b) Rent equipment from a Related Organization.☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

ELSTON REAL ESTATE & DEVELOPMENT LLC OWNS A BUILDING AT 4352 N. KEYSTONE. THIS BUILDING IS NOT ON THE GROUNDS OF THE NURSING HOME NOR ADJACENT TO IT. THERE IS AN UNRELATED BUSINESS BETWEEN THE NURSING HOME AND THE 4352 N. KEYSTONE BUILDING. THE 4352 N. KEYSTONE BUILDING IS USED BY THE NURSING HOME FOR STORAGE OF ITS' SUPPLIES AND EQUIPMENT AND ALSO BY AN ENTITY CALLED DOLLAR-RIFFIC DISCOUNTS ELSTON LLC THAT IS OWNED BY SIDNEY GLENNER.

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Patient Care	32,850	1971	\$ 40,000	1
2	Allocated Management Company:			5,012	2
3	TOTALS	32,850		\$ 45,012	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	117		1971	1964	\$ 1,178,900	\$	30	\$	\$	\$ 1,178,900	4
5											5
6	Alloc from			1996	113,830			3,525	3,525		6
7	Mgt Comp										7
8	Schedule J										8
	Improvement Type**										
9	Communication system			1975	8,549		8			8,549	9
10	Fire door and wiring			1976	10,293		20			10,293	10
11	Sprinkler system and electrical wiring			1977	1,055		10			1,055	11
12											12
13											13
14	Water heater			1980	886		10			886	14
15	Cabinets and countertops			1981	5,386		10			5,386	15
16	Circuit breakers			1983	5,209		10			5,209	16
17	Building Improvements			1984	18,074		10			18,074	17
18	Building Improvements			1985	19,017		10			19,017	18
19	Building Improvements			1986	18,152		10			18,152	19
20	Building Improvements			1987	17,392		10			17,392	20
21	Building Improvements			1988	18,417		10			18,417	21
22	Building Improvements			1990	11,795		10			11,795	22
23	Building Improvements			1990	4,243		10			4,243	23
24	Building Improvements			1991	19,999		10			19,999	24
25	Building Improvements			1992	18,921		10			18,921	25
26	Building Improvements			1993	53,703		10			53,703	26
27	Building Improvements			1994	10,073		10			10,073	27
28	Building Improvements			1995	48,617		10			48,617	28
29	Wall fittings			1997	1,828		10			1,828	29
30	Concrete ramp			1997	1,480		10			1,480	30
31	Building Improvements			1995	37,112		10			37,112	31
32	Sprinkler system			1996	3,000		10			3,000	32
33	Nurses call station			1996	3,641		10			3,641	33
34	Door holders			1997	1,334		10			1,334	34
35	Install circuits and outlets			1997	2,500		10			2,500	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Fencing	1997	\$ 2,560	\$	10	\$	\$	\$ 2,560	37
38	New brick chimney	1997	11,743		10			11,743	38
39	Install new sprinkler system	1997	2,685		10			2,685	39
40	Install alarm system	1997	2,082		10			2,082	40
41	Brick replacement - chimney	1998	5,330		10			5,330	41
42	Access control system with back-up power supply	1998	1,318		10			1,318	42
43	High pressure sodium fixtures	1998	1,900		10			1,900	43
44	Install door alarm on all three floors	1998	6,515		10			6,515	44
45	Sprinkler system for all three floors	1999	9,167		10			9,167	45
46	Fire dampers installation	1999	3,220		10			3,220	46
47									47
48									48
49	Concrete	1998	1,755		10			1,755	49
50	Install gate	1999	1,600		10			1,600	50
51	Fireproofing	1999	2,250		10			2,250	51
52	Relocate and rewire nurses call station	1999	2,500		10			2,500	52
53	Fire dampers installation	1999	2,062		10			2,062	53
54	Relocate boxes to 8'	1999	1,000		10			1,000	54
55	Fire dampers installation	1999	800		10			800	55
56	Installation of exhaust pipe for the laundry room	1998	1,300		10			1,300	56
57	Extend iron railings	1998	1,250		10			1,250	57
58	Relocate and rewire nurses call station	1999	8,800		10			8,800	58
59	Sprinkler system for all three floors	1999	9,000		10			9,000	59
60	Sprinkler system for all three floors	1999	9,333		10			9,333	60
61	Install flow switch	2000	2,300		10			2,300	61
62	Handrails, bumper guards, corner guards & accent rails	2000	4,655		10			4,655	62
63	Acoustical ceilings, grid system, lamps & exit signs	2000	29,826		10			29,826	63
64	Handrails, bumper guards, corner guards & accent rails	2000	20,387		10			20,387	64
65	Fire alarm system	2000	48,484		10			48,484	65
66	Vinyl tile installation, floor patches & stripwood	2000	6,928		10			6,928	66
67	Install handrails, bumpers, chairrails & corner guards	2000	2,600		10			2,600	67
68	Floor tiles, floor patches, cove base installation	2000	6,319		10			6,319	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 1,843,075	\$		\$ 3,525	\$ 3,525	\$ 1,729,245	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,843,075	\$		\$ 3,525	\$ 3,525	\$ 1,729,245	1
2	Carpeting, vinyl tiles & cove base installation	2000	11,028		10			11,028	2
3	Bernardsville border	2000	1,575		10			1,575	3
4	Install ground clamps, remove water meter, inst. phone wires	2000	1,669		10			1,669	4
5	Emerson wall fit	2000	1,988		10			1,988	5
6	Inspect & install air-conditioner power in 3 rooms	2000	1,810		10			1,810	6
7	Concrete & piping work	2000	2,550		10			2,550	7
8	Nurses station	2000	11,070		10			11,070	8
9	Furnish & install new steel door	2000	1,875		10			1,875	9
10	Install shower valve units and faucets	2000	2,904		10			2,904	10
11									11
12									12
13	Asphalt paving in parking lot, new catch basin	2000	57,945		10			57,945	13
14	Advantage Mechanical project	2000	6,500		10			6,500	14
15	Custom wardrobes	2001	7,438		10			7,438	15
16	Remove lobby wall and install ceiling	2001	13,864		10			13,864	16
17									17
18	Sprinkler system heads	2001	2,750		10			2,750	18
19	Tile project	2001	2,983		10			2,983	19
20	New entrance addition project	2001	20,000		10			20,000	20
21	Cabinets and shelving	2001	1,841		10			1,841	21
22	Custom wardrobes	2001	11,123		10			11,123	22
23	Illinois Improvement project	2002	12,223		10			12,223	23
24	Furnish and install automatic door equipment	2002	13,378		10			13,378	24
25	Lighting for entrance	2002	3,500		10			3,500	25
26	Grout and mortar for ceramic wall tile	2002	3,137		10			3,137	26
27	Wallcovering installation	2002	21,647		10			21,647	27
28	Wallcovering, carpeting, cove base, window treatments	2002	99,900		10			99,900	28
29	Awning	2002	5,850		10			5,850	29
30	Affiliated Customer Service project	2002	1,160		10			1,160	30
31	Affiliated Customer Service project	2002	1,995		10			1,995	31
32	Electrical project	2002	2,860		10			2,860	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,169,638	\$		\$ 3,525	\$ 3,525	\$ 2,055,808	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 2,169,638	\$		\$ 3,525	\$ 3,525	\$ 2,055,808	1
2	Installation of one convex awning	2002	3,800		10			3,800	2
3	Elevator modernization project	2003	27,800		10			27,800	3
4	Installation of new 100amp elevator feeder line	2003	3,000		10			3,000	4
5	HVAC wall unit project	2003	1,200		10			1,200	5
6	Elevator modernization project	2004	3,000		10			3,000	6
7									7
8	Fire protection project	2004	1,435		10			1,435	8
9	Installation of camera and alarm for patio door	2004	1,952		10			1,952	9
10	Replace upper tube on leaking boiler	2004	1,063		10			1,063	10
11	Installation of solid state drive assembly for elevator door	2004	1,180		10			1,180	11
12	Adjust restrictor on passenger elevator	2004	1,366		10			1,366	12
13	Storage Building	2004	58,947	1,965	30	1,965		25,545	13
14	Install pipe railing connections	2005	9,600		10			9,600	14
15	Furnish and install new roller guides to elevator	2005	3,450		10			3,450	15
16	Furnish and install vertical rod devices	2005	2,246		10			2,246	16
17									17
18	Remove and install new detector edge on elevator	2005	1,850		10			1,850	18
19	Build and install custom wardrobes with drawers	2005	38,868		10			38,868	19
20	Installed patch and 2 couplings in hot water storage tank	2005	1,293		10			1,293	20
21	Elevator modernization project	2004	3,700		10			3,700	21
22	New elevator controller and fixtures	2006	44,711	2,236	10	2,236		44,711	22
23	Furnish and install 5 ton fan coil, discharge condensing unit	2006	8,480	422	10	422		8,480	23
24	Furnish and install elevator pit ladder, gate valve & piping	2007	2,950	295	10	295		2,803	24
25	Reroute flood pump to outside basin	2007	2,500	250	10	250		2,375	25
26	Furnish and install new powerflame burner	2007	9,100	910	10	910		8,645	26
27	Remove cove base and install vinyl tile with cove base	2008	9,590	959	10	959		8,151	27
28	Install new soft start in elevator controller, rewire starter	2008	3,200	320	10	320		2,720	28
29	Automatic sprinkler project, separate lines, add signs to valves	2008	3,800	380	10	380		3,230	29
30					10				30
31	Installation of fire extinguisher system	2009	2,900	290	10	290		2,175	31
32	Installation of plates and wiring outlets for cable project	2009	5,000	500	10	500		3,750	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,427,619	\$ 8,527		\$ 12,052	\$ 3,525	\$ 2,275,196	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 2,427,619	\$ 8,527		\$ 12,052	\$ 3,525	\$ 2,275,196	1
2	Replace defective water main pipe, pour new concrete sidewalk	2009	4,460	446	10	446		3,345	2
3	Furnish and install wood fencing	2009	2,900	290	10	290		2,175	3
4	Install elevator cab system, new elevator ceiling tile and handrails	2009	7,979	798	10	798		5,985	4
5	Roofing project	2009	24,650	2,465	10	2,465		18,488	5
6	Furnish and install sewage pump and alternator switch	2010	8,375	838	10	838		5,447	6
7	Tuckpointing, brick replacement, protective canopy	2010	9,910	991	10	991		6,442	7
8	Install sprinkler heads in elevator shaft, electrical closet	2012	5,250	525	10	525		2,363	8
9	Furnish and install 12 resident room entrance doors on the first and second floors and 24 resident room washroom doors on the first and second floors - paint exterior building eve	2012	28,500	2,850	10	2,850		12,825	9
10									10
11									11
12	Remove cove base and install vinyl tile on the first floor corridor and the third floor corridor	2012	28,970	2,897	10	2,897		13,037	12
13									13
14	Furnish and install lower nest of tubes for pacific boiler	2012	4,805	480	10	480		2,160	14
15	Install double sink, hand sink, copper supply lines in kitchen	2012	2,600	260	10	260		1,170	15
16	Custom built-in cabinetry	2012	8,650	865	10	865		3,893	16
17	Custom built-in cabinetry, desk, tables and shelves	2012	4,180	418	10	418		1,881	17
18	Furnish AO Smith 420,000 BTU boiler	2013	5,054	505	10	505		1,768	18
19	Remove cove base and install vinyl tile on the second and third floor resident rooms	2013	28,684	2,868	10	2,868		10,038	19
20									20
21	Furnish 100 yards of sheet vinyl and 48 linear feet reducer track in the third floor resident room bathrooms and closets	2014	4,052	405	10	405		1,013	21
22									22
23	Install new double detector check backflow preventer	2014	4,500	450	10	450		1,125	23
24	Install contacts in fire pump and run electrical wiring to the panel	2014	3,258	326	10	326		815	24
25	Furnish and install new slider windows in all resident rooms throughout the facility	2014	45,700	4,570	10	4,570		11,425	25
26									26
27	Furnish and install vinyl plank floor with border and paint in three resident rooms on the second floor	2014	4,300	430	10	430		1,075	27
28									28
29	Furnish and install vinyl plank floor and millwork base, paint in 2 resident rooms on the first floor	2014	3,404	340	10	340		850	29
30									30
31	Install new Tramco 3HP ejector pump	2014	7,633	763	10	763		1,908	31
32	Furnish and install light switches and outlets on first, second and third floors	2014	18,500	1,850	10	1,850		4,625	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,693,933	\$ 35,157		\$ 38,682	\$ 3,525	\$ 2,389,049	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016 Ending: 12/31/2016

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 2,693,933	\$ 35,157		\$ 38,682	\$ 3,525	\$ 2,389,049	1
2	Install flood control system with double gated valve	2014	7,000	700	10	700		1,750	2
3	Install new high efficiency Carrier 5 ton furnace system with	2015	6,650	333	10	333		666	3
4	all new sheet metal work								4
5	Install bottom sliding track on 24 closet sliding doors in resident	2015	3,650	183	10	183		366	5
6	rooms, fabricate and install hallway granite ledges on 1st, 2nd								6
7	and 3rd floors								7
8	Replace motor and control for door	2015	2,705	135	10	135		270	8
9	Purchase of conductor cable and rewiring of the first floor call	2016	8,153	408	10	408		408	9
10	light system								10
11	Tuckpointing in the front exterior of building and chimney	2016	3,400	170	10	170		170	11
12	Install switch disconnects, run circuits for a/c compressor on the	2016	4,820	241	10	241		241	12
13	side of the building								13
14	Furnish and install stanley duraglide motor, glide control on	2016	2,535	127	10	127		127	14
15	entrance door								15
16	Install openings for electrical receptacles and light switches, run	2016	3,410	171	10	171		171	16
17	data cables								17
18	Frame, drywall, paint and install door in conference room	2016	9,160	458	10	458		458	18
19	Roofing project	2016	9,000	450	10	450		450	19
20	Furnish and install exterior air-conditioning unit	2016	12,838	642	10	642		642	20
21									21
22									22
23									23
24									24
25	See Attached Schedule L:								25
26	Leasehold Improvements Allocated from Management Company:	1998	6,269						26
27	Leasehold Improvements Allocated from Management Company:	1999	2,618						27
28	Leasehold Improvements Allocated from Management Company:	2000	314						28
29	Leasehold Improvements Allocated from Management Company:	2008	944						29
30	Leasehold Improvements Allocated from Management Company:	2016	9,352			1,172	1,172	13,632	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,786,751	\$ 39,175		\$ 43,872	\$ 4,697	\$ 2,408,400	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$167,149	\$54,220	\$54,220	\$	5, 10 years	\$81,790	71
72	Current Year Purchases	204,249	10,212	10,212		10 years	10,212	72
73	Fully Depreciated Assets	123,474	1,610	1,610		5, 10 years	123,474	73
74	Allocated from Therapy Masters, Mgt Co:	50,465		544	544		43,090	74
75	TOTALS	\$545,337	\$66,042	\$66,586	\$544		\$258,566	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocated from Management Co:			\$10,580	\$	\$241	\$241		\$10,452	76
77										77
78										78
79										79
80	TOTALS			\$10,580	\$	\$241	\$241		\$10,452	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$3,387,680	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$105,217	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$110,699	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$5,482	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$2,677,418	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
- If NO, see instructions.

X

YES

NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
- This amount was calculated by dividing the total amount to be amortized

N/A

by the length of the lease

N/A

9. Option to Buy:
- YES

X

NO

Terms:

*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- YES

NO
16. Rental Amount for movable equipment: \$ 21,344
- Description:

Ice-Maker \$1,278, Postage \$523, Copy Machine \$2,981,Telephone\$14,317 Alloc from Mgt Co:\$2,245

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Allocated from Management Company:		\$	\$ 4,551	17
18					18
19					19
20					20
21	TOTAL		\$	\$ 4,551	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2017	\$
13.	/2018	\$
14.	/2019	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☐ YES

☒ NO

It is the policy of this facility to hire only certified nurses aides.
If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	Ln10a,Col 3	hrs	\$	2,701	\$ 159,857	\$	2,701	\$ 159,857	1
2	Licensed Speech and Language Development Therapist	Ln10a, Col 3	hrs		1,226	69,614		1,226	69,614	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Ln10a,Col 2&3	hrs		4,454	271,820	3,421	4,454	275,241	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	Ln 39, Col 2	# of prescrpts				105,365		105,365	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Radiology and Laboratory Other (specify):	Ln 39, Col 3				17,472			17,472	13
14	TOTAL			\$	8,381	\$ 518,763	\$ 108,786	8,381	\$ 627,549	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ (427,984)	\$ (536,699)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,893,839	1,893,839	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	462,098	462,098	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Insurance Receivable	795,000	795,000	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,722,953	\$ 2,614,238	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		45,012	13
14	Buildings, at Historical Cost		1,292,730	14
15	Leasehold Improvements, at Historical Cost	1,254,511	1,494,021	15
16	Equipment, at Historical Cost	494,872	555,917	16
17	Accumulated Depreciation (book methods)	(1,246,470)	(2,677,418)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Due from Related Party:		832,940	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 502,913	\$ 1,543,202	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,225,866	\$ 4,157,440	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 841,750	\$ 841,750	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	216,695	216,695	30
31	Accrued Taxes Payable (excluding real estate taxes)	(32,927)	(32,927)	31
32	Accrued Real Estate Taxes(Sch.IX-B)		156,000	32
33	Accrued Interest Payable		8,213	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule E:	1,434,899	1,434,899	36
37	Due to Related Parties:	986,842	986,842	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,447,259	\$ 3,611,472	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		1,231,909	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	Loan Payable - Line of Credit:	713,000	713,000	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 713,000	\$ 1,944,909	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,160,259	\$ 5,556,381	46
47	TOTAL EQUITY(page 18, line 24)	\$ (934,393)	\$ (1,398,941)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,225,866	\$ 4,157,440	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 514,230	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 514,230	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,448,623)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,448,623)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (934,393)	24

Operating Entity Only

* This must agree with page 17, line 47.

Facility Name & ID Number Elston Nrsing & Rehab Centre

0004861

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

1

	I. Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,619,752	1
2	Discounts and Allowances for all Levels	(627,461)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,992,291	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	741,255	6
7	Oxygen	28,168	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 769,423	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	87,587	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	88,866	19
20	Radiology and X-Ray		20
21	Other Medical Services	195,500	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 371,953	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,681	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 2,681	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,136,348	30

2

	II. Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,134,430	31
32	Health Care	2,843,162	32
33	General Administration	2,393,795	33
	B. Capital Expense		
34	Ownership	405,019	34
	C. Ancillary Expense		
35	Special Cost Centers	542,613	35
36	Provider Participation Fee	265,952	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,584,971	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,448,623)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,448,623)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	\$ 4,092,616	44
45	Private Pay - Net Inpatient Revenue	84,965	45
46	Medicare - Net Inpatient Revenue	576,093	46
47	Other-(specify) Insurance - Net Inpatient Revenue	234,096	47
48	Other-(specify) Veterans - Net Inpatient Revenue	4,521	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 4,992,291	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,160	1,212	\$ 56,673	\$ 46.76	1
2	Assistant Director of Nursing	1,929	2,075	72,844	35.11	2
3	Registered Nurses	18,722	19,810	563,512	28.45	3
4	Licensed Practical Nurses	21,473	22,639	586,317	25.90	4
5	CNAs & Orderlies	48,776	52,464	652,772	12.44	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	5,373	5,789	62,434	10.78	10
11	Social Service Workers	4,541	4,960	103,865	20.94	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	5,804	6,326	88,501	13.99	14
15	Cook Helpers/Assistants	12,746	14,191	170,892	12.04	15
16	Dishwashers					16
17	Maintenance Workers	5,925	6,324	87,601	13.85	17
18	Housekeepers	8,615	9,514	125,316	13.17	18
19	Laundry	5,399	5,777	62,771	10.87	19
20	Administrator	1,306	1,349	54,923	40.71	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,902	11,858	205,555	17.33	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	152,671	164,288	\$ 2,893,976 *	\$ 17.62	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 14,440	Ln 1, Col 3	35
36	Medical Director	Monthly	23,512	Ln 9, Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	8,624	Ln 10, Col 3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	48	2,448	Ln 11, Col 3	44
45	Social Service Consultant	64	3,859	Ln 12, Col 3	45
46	Other(specify)				46
47	Religious Consultant	Monthly	400	Ln 12, Col 3	47
48					48
49	TOTAL (lines 35 - 48)	112	\$ 53,283		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,293	\$ 34,913	Ln 10, Col 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	1,293	\$ 34,913		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

STATE OF ILLINOIS

Page 21

Facility Name & ID Number

Elston Nrsing & Rehab Centre

0004861

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes				F. Dues, Fees, Subscriptions and Promotions			
Name		Function	Ownership %	Amount	Description		Amount	Description		Amount	
Debra Kane		Administrator	0.00	\$ 32,993	Workers' Compensation Insurance		\$ 63,896	IDPH License Fee		\$ 3,980	
Daniel Ritter		Administrator	0.00	21,930	Unemployment Compensation Insurance		31,354	Advertising: Employee Recruitment		864	
					FICA Taxes		227,097	Health Care Worker Background Check			
					Employee Health Insurance		73,654	(Indicate # of checks performed 76)		760	
					Employee Meals		13,374	Patient Background Checks		6	
					Illinois Municipal Retirement Fund (IMRF)*						
								See Attached Schedule K:		85,848	
TOTAL (agree to Schedule V, line 17, col. 1)					Other Employee Benefits		2,076				
(List each licensed administrator separately.)				\$ 54,923	Union Health and Welfare		80,375	Allocated from Therapy Masters, Inc.:		550	
B. Administrative - Other					Union Pension		20,630	Allocated from Management Company:		1,120	
Description			Amount		401K Match		2,871	Less: Public Relations Expense		()	
Management Fees (eliminated in Column 7)			\$ 578,028		Non-Allowable Marketing Employee Benefits:		(9,859)	Non-allowable advertising		()	
					See Attached Schedule D:		0	Yellow page advertising		()	
					TOTAL (agree to Schedule V,		\$ 505,468	TOTAL (agree to Sch. V,		\$ 93,182	
					line 22, col.8)			line 20, col. 8)			
TOTAL (agree to Schedule V, line 17, col. 3)				\$ 578,028	E. Schedule of Non-Cash Compensation Paid to Owners or Employees				G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)					Description		Line #	Amount	Description		Amount
C. Professional Services		Type	Amount						Out-of-State Travel		\$
Vendor/Payee			\$								
									In-State Travel		
See Attached Schedule C:			104,544								
									Seminar Expense		
									Entertainment Expense		()
									(agree to Sch. V,		
TOTAL (agree to Schedule V, line 19, column 3)				\$ 104,544	TOTAL		\$		TOTAL		line 24, col. 8)
(For legal fee disclosure, see page 39 of instructions)											

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

(1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

Yes
Illinois Council on Long Term Care \$7,714

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

Yes
Yes

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
N/A

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
5, 10 years

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.
\$
Line

25,239
10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
N/A

(9)

Are you presently operating under a sublease agreement?

YES
X

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES
NO
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

X
N/A

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$
265,952

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)
If YES, attach a schedule which explains how all related costs were allocated to these functions.

No

(15)

Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V.
\$
Has any meal income been offset against related costs?
Indicate the amount. \$

13,374
No
N/A

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No
N/A

c.

What percent of all travel expense relates to transportation of nurses and patients?

N/A

d.

Have vehicle usage logs been maintained?

Yes

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g.

Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

No
N/A

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

No
N/A

(18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes

(19)

Has a schedule for the legal fees reported on the cost report been provided by the facility?
See page 39 of the instructions for details.
Attach invoices and a summary of services for all architect and appraisal fees

Yes

HFS 3745 (N-4-99)

IL478-2471

Glen Elston Nursing and Rehabilitation Centre, Ltd.
12/31/2016
Provider I.D. # 0004861

SCHEDULE A

SCHEDULE VII. RELATED PARTIES
Part A. Col.3

3 OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
Glen Health & Home Management, Inc.	Skokie	Management Company
Elston Real Estate & Development LLC	Skokie	Building Lessor
Fargo Real Estate & Development, LLC	Skokie	Building Lessor - Management Company
Therapy Masters	Skokie	Therapy company

SCHEDULE B

SCHEDULE VII RELATED PARTIES

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

Name	Compensation Received From Other Nursing Homes								Total
	Glen Oaks Nursing & Rehab. Centre, Ltd.	GlenCrest Nursing & Rehab. Centre, Ltd.	Glen Bridge Nursing & Rehab. Centre, Ltd.	Brentwood North Healthcare & Rehabilitation	GlenShire Nursing & Rehab. Centre, Ltd.	Glen Lake Terrace Nursing & Rehab	Ballard Respiratory & Rehab	Glen Saint Andrew Living Comm	
Sidney Glenner	34,326	35,426	34,327	17,403	23,658	28,487	18,488	25,663	217,778
Jonathan Glenner	7,984	8,240	7,984	4,048	5,502	6,626	4,300	5,969	50,653
Daniel Glenner	28,726	29,647	28,727	14,564	19,798	23,840	15,472	21,477	182,251
Elliot Glenner	13,567	14,002	13,568	6,878	9,350	11,259	7,307	10,143	86,074
Total compensation received from other Nursing Homes	84,603	87,315	84,606	42,893	58,308	70,212	45,567	63,252	536,756

XIX. SUPPORT SCHEDULES

SCHEDULE C

Page 21

C. Professional Services

Vendor/Payee	Type	AMOUNT
Health Data Systems, Inc.	Computers	6,186
IIT Sourcetek	Computers	850
Point ClickCare	Computers	22,590
Maxxsource Computer Leasing	Computers	640
Net Health	Computers	10,929
EHealth Data Solutions	Computer Services	3,292
Kronos	Computers	7,957
Microsoft Corp	Computers	6,901
Comcast Business	Computers	4,103
Ability Network Services	Computers	3,424
RSM US LLP	Accounting	13,434
Marcum	Accounting	350
Much Shelist	Legal	1,908
Vanek, Larson & Kolb LLC	Legal	2,225
Marilyn P. Dunn	Legal	240
Meyers & Flowers, LLC	Legal	1,055
Commitment Consulting	A/R Collections	210,464
Company Nurse	Workers Injury Consultation	800
Personnel Planners, Inc.	Unemployment Consulting	1,449
Management and Network Services	Managed Care Claims	750
Prospect Resources, Inc.	Maintenance Consulting	750
		<u>300,297</u>
Allocated from Management Co:		
Point ClickCare - Computer Services		1,032
Lexis Nexis - Computer Services		2
Health Data Systems, Inc. - Computer Services		70
Microsoft Corp - Computer Services		407
Rosie Connectivity Solutions - Computer Services		29
Creative Technology Solutions - Computer Services		461
MB Financial - Legal		1,988
Marcum - Accounting		451
Perfect Staffing - Recruiter		929
Govig - Recruiter		5,306
Much Shelist - Legal		259
Marilyn Dunn - Legal		12
Polsinelli - Legal		468
Personnel Planners - Financial Consulting		13
Total allocated from Management Co.		<u>11,427</u>
Allocated from Therapy Masters, Inc.:		
Casamba - Computer Services		2,065
Health Data Services - Computer Services		66
VIRTU SENES - Computer Services		243
RSM US LLP- Accounting Services		84
O'Hagan LLC - Legal Services		450
Theracore - Business Consulting		14,403
Career Tree Network - Therapist Recruitment		1,931
Personnel Planners - Financial Consulting		34
Total allocated from Therapy Masters, Inc.:		<u>19,276</u>
Allocated from Elston Real Estate & Development, LLC.:		
First Real Estate Services - Real Estate Tax Reduction		2,750
Skidelsky & Associates - Real Estate Tax Reduction		13,902
Skidelsky & Associates - Real Estate Tax Reduction		10,205
Total allocated from Elston Real Estate & Development, LLC.:		<u>26,857</u>
Reclass First Real Estate Services - Real Estate Tax Reduction to Line 33		-2,750
Reclass Skidelsky & Associates invoice - Real Estate Tax Reduction to Line 33		-13,902
Reclass Skidelsky & Associates invoice - Real Estate Tax Reduction to Line 33		-10,205
Non-Allowable Expenses:		
RSM US LLP - Accounting Fees		-11,872
Commitment Consulting - A/R Collections		-210,464
Management and Network Services - Managed Care Claims		-750
Vanek Larson & Kolb LLC - Legal - A/R Collections		-2,225
Marilyn P. Dunn - Legal - out of period		-90
Meyers & Flowers, LLC - Legal - A/R Collections		-1,055
Total Non-Allowable Expenses:		<u>-226,456</u>
Total adjustments page 21, Sch C.		<u>-195,753</u>
Total Schedule V, line 19, column 8		<u>104,544</u>

SCHEDULE D

XIX. SUPPORT SCHEDULES

D. Employee Benefits and Payroll Taxes
Page 21

DESCRIPTION	AMOUNT
Allocated from Management Co.	
FICA taxes	21,199
FUTA	177
SUTA	1,078
Insurance - Hospital	29,578
Other Employee Benefits	0
Workers Compensation Insurance	2,746
401K Match	1,694
Employee Benefits	0
Total allocated from Management Co.	56,472
Allocated Employee Benefits to Line #'s 7,27	(56,472)
Allocated from Therapy Masters, Inc.	
FICA taxes	29,717
FUTA	308
SUTA	510
Insurance - Hospital	7,890
Uniform Allowance	0
Workers Compensation Insurance	1,899
401K Match	2,754
Total allocated from Therapy Masters, Inc.	43,078
Allocated Employee Benefits to Line #'s 15,27	(43,078)
Total allocated to Page 21	0

SCHEDULE E

XV. SUPPORT SCHEDULES

Page 17, Line 36

DESCRIPTION	AMOUNT
Insurance Payable	0
Accrued Expenses	0
Accrued Union Dues	1,999
Accrued Wage Assignment	311
Accrued Profit Sharing	-354
Due-Patient Trust Fund	23,163
Refunds Exchange	-29,087
Accrued 401K	-270
Accrued Provider Participation Fee - Tax	65,387
Advance from HFS	0
Accrued Management Fees	578,750
Professional Liability Claims	795,000
Total, Page 17, Line 36	1,434,899

SCHEDULE F

PAGE 5, SCHEDULE VI. ADJUSTMENT DETAIL
Schedule A. Nonallowable Expenses
Line 29 - Other Non-allowable costs

Description	Amount	Reference
Non-allowable office expense	-1,934	43
Non-allowable patient clothing	-776	43
Non-allowable owner interest expense	-99,762	32
Non-allowable professional fees	-226,456	19
Non-allowable auto expense - marketing	-3,541	25
Non-allowable Illinois Council on Long Term Care PAC Fees	-3,799	20
Non-allowable marketing salaries	-56,844	21
Non-allowable marketing employee benefits	-9,859	22
Adjust Mgt. Co. Med Supplies - Med 'A' to cost	0	10
Adjust Mgt. Co. Med Supplies - 'Other' to cost	-5,913	10
Adjust Mgt. Co. Food to cost	-15,928	2
Adjust pharmacy expense to cost	-14,205	39
Total	<u>(439,017)</u>	

Glen Elston Real Estate & Development, LLC
Accrued Real Estate Taxes
12/31/2016

SCHEDULE G

	Accrued 1/01/16	Payments	Expense	Accrued 12/31/16
Balance @ 1/01/2016 - G/L# 251	(153,000.00)		(153,000.00)	
2015 Real Estate Taxes Paid		149,494.80	149,494.80	
Cash receipt on 6/03/16 for the reduction of 2013-2014 real estate taxes		(41,327.47)	(41,327.47)	
Estimated 2016 real estate taxes				
2015 taxes	149,494.80			
Estimated increase	4.00%			
Estimated 2016 taxes	155,474.59			
USE	156,000.00		156,000.00	(156,000.00)
Totals	(153,000.00)	108,167.33	111,167.33	(156,000.00)

Real estate tax history:

Year	Amount	Increase \$	%
1992	91,814.91		
1993	93,402.35	1,587.44	1.73%
1994	96,722.55	3,320.20	3.55%
1995	98,066.80	1,344.25	1.39%
1996	100,479.72	2,412.92	2.46%
1997	102,957.90	2,478.18	2.47%
1998	104,785.68	1,827.78	1.78%
1999	104,082.35	(703.33)	-0.67%
2000	96,382.57	(7,699.78)	-7.40%
2001	98,889.28	2,506.71	2.60%
2002	100,687.92	1,798.64	1.82%
2003	96,525.62	(4,162.30)	-4.13%
2004	98,669.73	2,144.11	2.22%
2005	99,674.38	1,004.65	1.02%
2006	100,667.32	992.94	1.00%
2007	99,592.60	(1,074.72)	-1.07%
2008	100,591.89	999.29	1.00%
2009	124,779.46	24,187.57	24.05%
2010	130,211.59	5,432.13	4.35%
2011	129,670.04	(541.55)	-0.42%
2012	141,231.48	11,561.44	8.92%
2013	143,666.63	2,435.15	1.72%
2014	146,562.59	2,895.96	2.02%
2015	149,494.80	2,932.21	2.00%

Glen Elston Nursing and Rehabilitation Centre, LTD.
Provider #0004861
12/31/2016

SCHEDULE H

Training & Education

Person(s) Attending	Date Attended	Location	Title Sponsor	Total Cost
Nursing Staff	1/6/2016	Chicago, IL	Charism Eldercare Services Training	520
Alberta McTear	5/17/2016	Skokie, IL.	Compliance Reviews or Audits Part 1	150
Dietary Staff	11/9/2016	Chicago, IL	Food Service Sanitation Course	285
Nursing Staff	12/31/2016	Chicago, IL	RosieConnect 2.0 Training	750
			Allocated From Management Company	764
			Allocated From Therapy Masters	822
			Total	3,291

SCHEDULE I

Page 3, Schedule V, Line 25, Col 8
Other Admin. Staff Transportation

	Gas Cards/ Allowance	Employee Reimbursement: Parking, Mileage, Tolls	Vehicle Sticker	Total
Direct Expense	23,690	890	0	24,580
Non-Allowable auto expense - marketing				-3,541
Allocated from Therapy Masters, Inc.				5,032
Allocated from Management Company				722
TOTAL	23,690	890	0	26,793

XIX. SUPPORT SCHEDULES

SCHEDULE K

Page 21
F. Dues, Fees, Subscriptions and Promotions

Description	AMOUNT
Illinois Council on Long Term Care Dues	11,513
Collaborative Healthcare Urgency Group Dues	300
Employment Fees	74,409
Joint Commission Annual Certification, Program Fee	2,300
Secretary of State Annual Report, Fees	100
City of Chicago Annual Business License, Elevator & Health Inspection Fees	725
American Backflow Prevention Inspection Fee	150
CLIA Laboratory User Fee	150
Non-allowable Illinois Council on Long Term Care Fees	-3,799
Total adjustments page 21, Sch F.	<u><u>85,848</u></u>

